

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1 Administrative Data	Reporter name: <div style="background-color: black; width: 100px; height: 20px;"></div>	Submission date:	Contact person (if different than reporter)	Internal ID <i>1-47529878</i>
	Address: <i>Washington</i>		Address:	
	Phone #: <div style="background-color: black; width: 100px; height: 20px;"></div>		Phone #:	
	Incident Status: <i>New</i>	Location and date of incident <i>Washington 03/19/2017</i>	Date registrant became aware of incident: <i>3/20/2017</i>	Was incident part of larger study?
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>239-2657</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) <i>Glyphosate, Imazapyr</i>	A.I. (s)		A.I. (s)
	Product 1 Name <i>GroundClear Triox Total Vegetation Killer1</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>No</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation <i>Liquid</i>	Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) <i>Own Residence</i>	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) <i>See Description Notes</i>	
	Applicator certified PCO? <i>Not applicable</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description</i>			

*3/20/2017 11:03:41 AM GroundClear Triox Total Vegetation Killer (was diluted)
EPA reg #239-2657*

H: Caller diluted the product with water and put in in her backpack sprayer and sprayed the product in her large yard for 5 hrs.

She was only wearing 1 glove at the time she was treating her lawn while spraying the weeds/lawn.

She said the backpack she was wearing to spray was not super heavy and was more on her right side then her left side. She disclosed she was in a Car accidents years ago that injured her left shoulder and had developed nerve damage in her left arm/hand as it shakes or spasms off and on.

Her right hand yesterday was shaking and had spasms.

She also developed Stomach cramps and diarrhea after she ate and knows it was not the food she ate.

She has showed and put on clean clothes after she showered.

A: Discussed with the caller:

- Skin exposure may result in irritation and redness, which should gradually subside following irrigation.

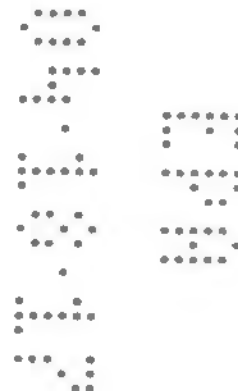
- Remove contaminated clothing and rinse exposed skin with soap water for at least 20 minutes or shower as usual.

- Symptoms as reported and described and reported is not typical of the product. Even though you were using your right hand-the use of it for 5 hrs spraying the backpack sprayer may irritate your hand all the way to your shoulder or back.

- If skin irritation develops, apply cold compresses or vitamin E/aloe vera containing products. Do not apply any creams or lotions to open sores, blisters, or peeled skin.

- Due to your symptoms, to seek medical attention.

- Please call back with any additional questions or concerns.



Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Female</i> Occupation: (if relevant)	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects. <i>Other Dermal - Hand/arm spasms, 6 hrs or less;</i> <i>Abdominal Pain, 12 hrs or less;</i> <i>Diarrhea, 12 hrs or less;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-47529878